

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16490**

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **544** Registrar's No. **1019**

1. PLACE OF DEATH a. COUNTY Missouri St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY OR TOWN Kirkwood d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) Ab. Corps		e. STREET ADDRESS (If rural, give location) 203 New York St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 New York St.		f. STREET ADDRESS 203 New York St.	
3. NAME OF DECEASED (Type or Print) a. (First) Sophie b. (Middle) Spears c. (Last) Spears		4. DATE OF DEATH (Month) (Day) (Year) April 4, 1953	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 8, 1866
9. AGE (In years last birthday) 86	10. MONTHS 11	11. DAYS 26	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Frederick Town, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Luke St. James	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Sandy Spears
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Grady Woods, 203 New York

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic Interstitial Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Uremia on & day		INTERVAL BETWEEN ONSET AND DEATH Friday	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/2 , 19 53 , to 4/5 , 19 53 that I last saw the deceased alive on 4/5 , 19 53 and that death occurred at m. , from the cause and on the date stated above.		23a. SIGNATURE Sain Jefferson (Degree or title)	23b. ADDRESS 1221 N. Grand	23c. DATE SIGNED 4/7/53
24a. BURIAL, CREMATION, REMOVAL	24b. DATE 4-10-53	24c. NAME OF CEMETERY OR CREMATORY Father Dixon	24d. LOCATION (City, town, or county) Kirkwood	24e. (State) Mo.
DATE REC'D BY LOCAL REG. 4-9-53	REGISTRAR'S SIGNATURE Heckert P. Douds-M.D.	25. FUNERAL DIRECTOR'S SIGNATURE B. Roonce	ADDRESS 1221 N. Grand	

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. S. P. Jefferson 822 a. t. N. Jefferson 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 68473

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.